

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

2021 Massachusetts Avenue, NW

☐Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00411553

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2011

through

03

31

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Randell K. Wexler, MD

Signature of Treasurer

Electronically Filed by Randell K. Wexler, MD

Date

06

20

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3XA**
Transaction ID :

Amended to reflect disbursement inadvertently left off original April 20, 2011 filing.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2011		253887.79
(b) Cash on Hand at Beginning of Reporting Period	233533.03	
(c) Total Receipts (from Line 19)	15177.38	72692.98
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	248710.41	326580.77
7. Total Disbursements (from Line 31)	55538.65	133409.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	193171.76	193171.76
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	3	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	10237.92	50193.76
(ii) Unitemized	4404.67	20621.58
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14642.59	70815.34
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14642.59	70815.34
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	534.79	1877.64
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15177.38	72692.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15177.38	72692.98

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	538.65	1409.01	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	538.65	1409.01	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55000.00	132000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	55538.65	133409.01	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55538.65	133409.01	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	14642.59	70815.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14642.59	70815.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	538.65	1409.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	534.79	1877.64
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3.86	-468.63

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Reid B Blackwelder, MD

Mailing Address 4407 Leedy Rd

City

Kingsport

State

TN

Zip Code

37664-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Tennessee State Univ-
ersity

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 0 / 2 0 1 1

Transaction ID: C1262130

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ellen Sandra Brull, MD

Mailing Address 830 Arbor Ln

City

Glenview

State

IL

Zip Code

60025-3234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Medicine Associates
of Lutheran

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 1 1

Transaction ID: C1257087

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Lee Marvin Carter, MD

Mailing Address PO BOX 506

City

Huntingdon

State

TN

Zip Code

38344-0506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 1 1

Transaction ID: C1259023

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mirjana Cesnjaj, MD

Mailing Address 2518 Waterville Dr

City

Champaign

State

IL

Zip Code

61822-7416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carl Foundation Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 2 / 2 0 1 1

Transaction ID: C1258147

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Steven A Crawford, MD

Mailing Address 900 Ne 10Th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation
Physician Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.99

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 1 1

Transaction ID: C1266894

Amount of Each Receipt this Period

333.33

C.

Full Name (Last, First, Middle Initial)

Wanda D Filer, MD

Mailing Address 510 Aqua Ct

City

York

State

PA

Zip Code

17403-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strategic Health Institute

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: C1253543

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1048.33

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael O Fleming, MD

Mailing Address 556 Dunmoreland Dr

City

Shreveport

State

LA

Zip Code

71106-6125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amedisys, Inc

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 1

Transaction ID: C1240609

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Roland Adolph Goertz, MD

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Practice Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.01

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 2 / 2 0 1 1

Transaction ID: C1258955

Amount of Each Receipt this Period

416.67

C.

Full Name (Last, First, Middle Initial)

Michael Edward Grady, MD

Mailing Address 220 Tillicum Dr

City

Silverton

State

OR

Zip Code

97381-1886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Silverton Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 1 1

Transaction ID: C1257517

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1031.67

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lori J Heim, MD

Mailing Address 250 Hollybrook Farm Ln

City

Vass

State

NC

Zip Code

28394-8952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scotland Memorial HospitalOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	1	1

Transaction ID: C1259021

Amount of Each Receipt this Period

416.67

B.

Full Name (Last, First, Middle Initial)

Daniel J Heinemann, MD

Mailing Address PO BOX 5039

City

Sioux Falls

State

SD

Zip Code

57117-5039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sioux Valley Health SystemsOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	1	1

Transaction ID: C1251194

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

James Darrel King, MD

Mailing Address 1 Prime Care Dr

City

Selmer

State

TN

Zip Code

38375-1864

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primecare Medical CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: C1261974

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1641.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Laura C Knobel, MD

Mailing Address 3 Freedom Way

City

Walpole

State

MA

Zip Code

02081-2290

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 1 1

Transaction ID: C1257086

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Timothy F Linder, MD

Mailing Address 1 Prime Care Dr

City

Selmer

State

TN

Zip Code

38375-1864

FEC ID number of contributing
federal political committee.

C

Name of Employer
Primecare Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: C1261959

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Patricia Jean Lindholm, MD

Mailing Address 615 S Mill St

City

Fergus Falls

State

MN

Zip Code

56537-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Region Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 1 1

Transaction ID: C1266895

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kathryn J Lofgren, MD

Mailing Address 17109 Prestwick Cir

City

Edmond

State

OK

Zip Code

73012-7407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grady Memorial Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: C1253739

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Leah Raye R Mabry, MD

Mailing Address 339 S Presa St

City

San Antonio

State

TX

Zip Code

78205-3425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christus Health Care

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 1 / 2 0 1 1

Transaction ID: C1258206

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Marek Marek Majoch, MD

Mailing Address 3855 Pleasant Hill Rd Ste 100

City

Duluth

State

GA

Zip Code

30096-8030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: C1253749

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

585.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kevin B Martin, MD

Mailing Address 2903 219th Ave E

City

Lake Tapps

State

WA

Zip Code

98391-5634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sound Family Medicine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 1 1

Transaction ID: C1259022

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

John S Meigs, MD

Mailing Address PO BOX 289

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 1 / 2 0 1 1

Transaction ID: C1240391

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

John S Meigs, MD

Mailing Address PO BOX 289

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 1 / 2 0 1 1

Transaction ID: C1252281

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John S Meigs, MD

Mailing Address PO BOX 289

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: C1253754

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

John S Meigs, MD

Mailing Address PO BOX 289

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 2 / 2 0 1 1

Transaction ID: C1258149

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

John S Meigs, MD

Mailing Address PO BOX 289

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 1 1

Transaction ID: C1259420

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Anne M Montgomery, MD

Mailing Address 104 W 5Th Ave Ste 200W

City

Spokane

State

WA

Zip Code

99204-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inland Empire Hospital Se-
rvices Associ

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 1 1

Transaction ID: C1259020

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Carlos Moreno, MD

Mailing Address 935 Spring Ln

City

Devon

State

PA

Zip Code

19333-1821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 1 1

Transaction ID: C1252274

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Javette C Orgain, MD

Mailing Address PO BOX 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF ILLINOIS CO-
LLEGE OF MEDI

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 9 / 2 0 1 1

Transaction ID: C1262053

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

715.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 34

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Henry Kevin Purvis, MD

Mailing Address 875 W Alderman Rd

City

Statesboro

State

GA

Zip Code

30458-6842

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.75

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: C1253745

Amount of Each Receipt this Period

91.25

B.

Full Name (Last, First, Middle Initial)

Sterling N Ransone, Jr

Mailing Address PO BOX 916
150 Deer Path

City

Deltaville

State

VA

Zip Code

23043-0916

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 2 / 2 0 1 1

Transaction ID: C1240608

Amount of Each Receipt this Period

1100.00

C.

Full Name (Last, First, Middle Initial)

Elisabeth (Lisa) L Righter, Righter

Mailing Address UW Health Fox Valley Family Medici
229 S Morrison St

City

Appleton

State

WI

Zip Code

54911

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of WI School
of Med. & Pub.

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 6 / 2 0 1 1

Transaction ID: C1241853

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1291.25

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sarah L Sams, MD

Mailing Address 2994 Frazell Rd

City

Hilliard

State

OH

Zip Code

43026-9785

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grant Medical CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	1	1

Transaction ID: C1259019

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

George Wm Shannon, MD

Mailing Address 2301 Slate Dr

City

Columbus

State

GA

Zip Code

31906-1443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Horizons DiagnosticsOccupation
family physicians

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	1	1

Transaction ID: C1259025

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Albert M Sterns, MD

Mailing Address 1021 Drexel Pkwy

City

Birmingham

State

AL

Zip Code

35209-6001

FEC ID number of contributing
federal political committee.

C

Name of Employer
N.W Ala Emerg PhysOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	1	1

Transaction ID: C1258205

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Glen R Stream, MD

Mailing Address 14408 E Sprague Ave

City

Spokane Valley

State

WA

Zip Code

99216-2167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockwood ClinicOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	1	1

Transaction ID: C1259024

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Randell K Wexler, MD

Mailing Address 6040 Haybury Dr

City

New Albany

State

OH

Zip Code

43054-8691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State UniversityOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	1	1

Transaction ID: C1260462

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Richard Andre Wherry, MD

Mailing Address 59 Tipton Dr

City

Dahlongega

State

GA

Zip Code

30533-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chestatee Regional HospitalOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	3	/	2	0	1	1

Transaction ID: C1253367

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard Andre Wherry, MD

Mailing Address 59 Tipton Dr

City

Dahlonega

State

GA

Zip Code

30533-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chestatee Regional HospitalOccupation
Physician

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	1

Transaction ID: C1268076

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

10237.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 34

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1877.64

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 8 / 2 0 1 1

Transaction ID: C1257995

Amount of Each Receipt this Period

38.37

B.

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1877.64

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 5 / 2 0 1 1

Transaction ID: C1258907

Amount of Each Receipt this Period

496.42

SUBTOTAL of Receipts This Page (optional)

534.79

TOTAL This Period (last page this line number only)

534.79

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D115836 Date of Disbursement																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	6		2	0	1	1												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank card processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">0.98</td> </tr> </table>	0.98																			
0.98																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D115837 Date of Disbursement																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	7		2	0	1	1												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank card processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">0.98</td> </tr> </table>	0.98																			
0.98																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) American Express	Transaction ID: D115838 Date of Disbursement																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	1												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank card processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">13.00</td> </tr> </table>	13.00																			
13.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

14.96

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement

Bank card processing fee

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D115839

Date of Disbursement

03 / 21 / 2011

Amount of Each Disbursement this Period

12.46

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement

Bank card processing fee

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D115840

Date of Disbursement

03 / 21 / 2011

Amount of Each Disbursement this Period

1.01

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City
Phoenix

State
AZ

Zip Code
85072-3852

Purpose of Disbursement

Bank card processing fee

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: D115841

Date of Disbursement

03 / 24 / 2011

Amount of Each Disbursement this Period

3.25

SUBTOTAL of Disbursements This Page (optional)

16.72

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: D115842 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 8 / 2 0 1 1</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>0.65</div>
B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card collection fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D115975 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 9 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>4.95</div>
C. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D116695 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>4.95</div>

SUBTOTAL of Disbursements This Page (optional)

10.55

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: D115831 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 1 1</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>192.29</div>
B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D115832 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 7 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>45.02</div>
C. Full Name (Last, First, Middle Initial) Bank Of America Merchant Services Mailing Address WA2-505-01-40 PO Box 2485 City Spokane State WA Zip Code 99210-2485 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D115834 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 1 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>259.11</div>

SUBTOTAL of Disbursements This Page (optional) ►

496.42

TOTAL This Period (last page this line number only) ►

538.65

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
DONNA CHRISTENSEN CAMPAIGN

Mailing Address PO Box 5197

City State Zip Code
 St. Croix VI 00823

Purpose of Disbursement
 Campaign contribution

Candidate Name
 Del. Donna M.C. Christensen

Category/
 Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2012 ☒ Primary ☐ General
☐ Other (specify) ▼

State: VI District: 00

Transaction ID: D115469

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
DAVE CAMP FOR CONGRESS

Mailing Address 5915 Eastman Avenue
 Apt 304

City State Zip Code
 Midland MI 48640

Purpose of Disbursement
 Campaign contribution

Candidate Name
 Rep. Dave Camp

Category/
 Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2012 ☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: D115824

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
HELLER FOR CONGRESS

Mailing Address PO Box 531086

City State Zip Code
 Henderson NV 89053

Purpose of Disbursement
 Campaign contribution

Candidate Name
 Rep. Dean Heller

Category/
 Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2012 ☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: D115462

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) **BLUMENAUER FOR CONGRESS**

Mailing Address 830 NE Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Earl Blumenauer

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 03

Transaction ID: D115823

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial) **WHITFIELD FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Edward Whitfield

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 01

Transaction ID: D115835

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial) **ENGEL FOR CONGRESS**

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Eliot L. Engel

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 17

Transaction ID: D115661

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
07740

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Frank Pallone, Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: D115464

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address PO Box 87

City
Uwchland

State
PA

Zip Code
19480

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Jim Gerlach

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: D115529

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOE HECK

Mailing Address PO Box 750114

City
Las Vegas

State
NV

Zip Code
89136

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Joe Heck

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 03

Transaction ID: D115461

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
JOHN D. DINGELL FOR CONGRESS

Mailing Address 607 14th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Campaign contributionCandidate Name
Rep. John D. DingellCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: D115531

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	1	1

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
VOLUNTEERS FOR SHIMKUS

Mailing Address P.O. BOX 661

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement
Campaign contributionCandidate Name
Rep. John ShimkusCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: D115463

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	1

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
JOHN SULLIVAN FOR CONGRESS INC

Mailing Address Post Office Box 470840

City Tulsa State OK Zip Code 74147

Purpose of Disbursement
Campaign contributionCandidate Name
Rep. John SullivanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 01

Transaction ID: D115468

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BUCSHON FOR CONGRESS

Mailing Address PO Box 250

City
Newburgh

State
IN

Zip Code
47629

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Larry Bucshon

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 08

Transaction ID: D115471

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPs

Mailing Address PO Box 23940

City
Santa Barbara

State
CA

Zip Code
93121

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Lois Capps

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: D115530

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

MARTIN HEINRICH FOR CONGRESS, INC.

Mailing Address 2118 CENTRAL AVENUE SE

City
Albuquerque

State
NM

Zip Code
87106

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Martin Heinrich

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 01

Transaction ID: D115476

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial) SIMPSON FOR CONGRESS	Transaction ID: D115658 Date of Disbursement
Mailing Address 1487 PARKWAY DRIVE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 7 / 2 0 1 1</div> </div>
City BLACKFOOT State ID Zip Code 83221	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution	<div>1000.00</div>
Candidate Name Rep. Mike Simpson	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) PAUL TONKO FOR CONGRESS	Transaction ID: D115722 Date of Disbursement
Mailing Address 911 Central Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 2 / 2 0 1 1</div> </div>
City Albany State NY Zip Code 12206	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution	<div>1000.00</div>
Candidate Name Rep. Paul Tonko	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) PETE SESSIONS FOR CONGRESS	Transaction ID: D115532 Date of Disbursement
Mailing Address PO Box 823047	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 0 / 2 0 1 1</div> </div>
City Dallas State TX Zip Code 75382	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution	<div>2500.00</div>
Candidate Name Rep. Pete Sessions	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

GINGREY FOR CONGRESS

Mailing Address PO Box U

City
MariettaState
GAZip Code
30060Purpose of Disbursement
Campaign contributionCandidate Name
Rep. Phil GingreyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: D115465

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	1

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

BERKLEY FOR CONGRESS

Mailing Address 3069 Conquista Court

City
Las VegasState
NVZip Code
89121Purpose of Disbursement
Campaign contributionCandidate Name
Rep. Shelley BerkleyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 01

Transaction ID: D115657

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	1

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

HOYER FOR CONGRESS

Mailing Address 700 13th Street, NW
Ste 307City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Campaign contributionCandidate Name
Rep. Steny H. HoyerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 05

Transaction ID: D115470

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	1

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City
PITTSBURGHState
PAZip Code
15234Purpose of Disbursement
Campaign contributionCandidate Name
Rep. Tim MurphyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 18

Transaction ID: D115466

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	1

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City
RoswellState
GAZip Code
30077Purpose of Disbursement
Campaign contributionCandidate Name
Rep. Tom PriceCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: D115475

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	1

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

BEN CARDIN FOR CONGRESS

Mailing Address PO BOX 21093

City
CatonsvilleState
MDZip Code
21228Purpose of Disbursement
Campaign contributionCandidate Name
Sen. Benjamin L. CardinCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 00

Transaction ID: D115473

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A. Full Name (Last, First, Middle Initial)
PAT ROBERTS FOR U S SENATE INC

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. Pat Roberts

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 00

Transaction ID: D115477

Date of Disbursement

M M / D D / Y Y Y Y
03 / 07 / 2011

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 76187

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. Sherrod Brown

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 00

Transaction ID: D115467

Date of Disbursement

M M / D D / Y Y Y Y
03 / 07 / 2011

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
CARPER FOR SENATE

Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR

City NEW CASTLE State DE Zip Code 19720

Purpose of Disbursement
Campaign contribution

Candidate Name
Sen. Thomas R. Carper

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District: 00

Transaction ID: D115660

Date of Disbursement

M M / D D / Y Y Y Y
03 / 17 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 34

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Campaign contribution

Candidate Name
Rep. Fred Upton

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 06

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: D115474

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

55000.00